RI Department of Health
Office of Communicable Diseases
Lyme Disease
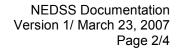
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Lyme Investigation – RI Definitions & Rules for Entering Investigation

Note: All fields in **RED** are required by the NEDSS system; all **BOLDED** fields are required by RI.

Brief Description or Field Name	Description	RI Rules for Data Entry
Investigation Summary		
Jurisdiction	**The region responsible for the investigation**	**Required; RI has only 1 jurisdiction**
Program Area	**The organizational ownership of the investigation. Program areas(e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control.**	**Required**. **This is pre-populated based on the condition.**
State Case ID	Open field to be used by OCD, if needed.	Leave blank.
Investigation Start Date	**Date the investigation was started.**	**Required**
Investigation Status	**The status of the investigation: Open or Closed.**	**Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to closed**
Share record with Guests	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction.	Defaults to checked. OK to leave checked. Not in use by RI at this time
Investigator	**The name of the person who is responsible for the case investigation**	**Required.** **Quick code = first initial of first name +first 5 letters of last name**.
Date assigned to Investigation	**The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned**	**Required**

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Brief Description or Field Name	Description	RI Rules for Data Entry
Reporting Source		
Date of Report	**Date first reported by reporting source if reported by phone or date received by person on-call if animal bite.**	**Required**
Reporting Source	Type of facility or provider associated with the source of information sent to Public Health	Leave Blank
Earliest Date Reported to County	Date first reported to County	Leave blank
Earliest Date Reported to State	Date first reported to State	Not required
Reporter	Search table for who Reported the case	Not required.
Clinical		
Physician	Search table for patient's physician.	Not required
Was the patient hospitalized for this illness?	Was the patient hospitalized for this illness?	Not required
Diagnosis Date	Date of diagnosis of condition being reported.	Not required
Illness Onset Date	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness	Not required
Illness End Date	The time at which the disease or condition ends.	Not required
Illness Duration	The length of time this person had this disease or condition.	Not required.

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Brief Description or Field Name	Description	RI Rules for Data Entry
Age at Onset	Subject's age at the time of the incident	Not Required
Is the patient pregnant?	Assesses whether or not the patient is pregnant. For Female patients only.	Not required
Does the patient have pelvic inflammatory disease?	Did the patient have PID?	Leave blank
Did the patient die from this illness?	Did the patient die from this illness?	Not required
Epidemiologic		
Is this patient associated with a day care facility?	Indicates whether the subject of the investigation was associated with a day care facility. The association could mean that the subject attended daycare or work in a daycare facility.	Not required
Is this patient a food handler?	Indicates whether the subject of the investigation was food handler.	Not required
Is this case part of an outbreak?	Denotes whether the reported case was associated with an identified outbreak.	Not required
Where was the disease acquired?	Indication of where the disease/condition was likely acquired.	Not required
Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	Not required
Detection Method	Code for the method by which the public health department was made aware of the case.	Not required

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Brief Description or Field Name	Description	RI Rules for Data Entry
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Required
Confirmation Date	The date the case was confirmed.	Required
Case Status	Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.	Required
MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Required
MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Required
Administrative		
General Comments	Field which contains general comments for the investigation.	Enter if needed.
Condition Specific Custom fields		
		Required

Notes: